

Revision: HCFA-PM-94-4 (MB)
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ATTACHMENT 3.1-3
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State/Territory: New Hampshire

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) ^{(F) of} the Act.

☐ Provided: ☐ With limitations*

☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☐ Provided: ☒ Additional coverage⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☐ Additional coverage⁺⁺ ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided. See ARNP

* Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

** Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

No. 94-13 TN
Supersedes 91-23, p.7 Approval Date 7/13/94 Effective Date 1/1/94
and TN 90-17, p.9

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Page 7a

20. Extended Services to Pregnant Women

- a. Major categories of services covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Extended services provided by MCH contracted prenatal programs are exempt from the service limits. MCH contracted prenatal programs provide services such as coordination with the WIC Program and case management services. Services include sixty (60) day post partum.

- b. Major categories of service covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Services are subject to the limitations stated elsewhere under each specific service listed in Attachment 3.1-A and 3.1-B.

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX - NH
Attachment 3.1-B
Page 7a

20. Extended Services to Pregnant Women

- a. Major categories of services covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Extended services provided by Division of Public Health Services (DPHS) contracted prenatal programs are exempt from the service limits. DPHS contracted prenatal programs provide services such as coordination with the WIC Program and case management services. Services include sixty (60) day post partum.

- b. Major categories of service covered are the same services covered under this state plan for all categorically and medically needy Medicaid recipients.

Services are subject to the limitations stated elsewhere under each specific service listed in Attachment 3.1-A and 3.1-B.

- c. Outpatient substance abuse treatment is available to pregnant and post partum women ~~who~~ provided by agencies under contract obligation with the Office of Alcohol and Drug Abuse Prevention (OADAP) to provide substance abuse services to pregnant and post partum women, and with the Division of Public Health Services to provide prenatal and post partum services.

Substance abuse treatment services are also available to pregnant and post partum women who reside at residential treatment and rehabilitation facilities of fewer than 17 beds that are under contract obligation with the Office of Alcohol and Drug Abuse Prevention (OADAP) to provide substance abuse services to pregnant and post partum women, and that will allow the residents to bring their minor children of the women residents, and that sign a provider agreement addendum that stipulates reporting requirements.

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State/Territory: New Hampshire

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- b. Services of Christian Science nurses.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not Provided
- c. Care and services provided in Christian Science sanatoria.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not Provided
- d. Skilled nursing facility services provided for patients under 21 years of age.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- e. Emergency hospital services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
- ☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment

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Title XIX - NH
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Page 8-a

23 a. Transportation

Transportation to obtain necessary medical care is provided to both the categorically needy and the medically needy.

Ambulance transportation must be certified as medically necessary by a physician, physician assistant or advanced registered nurse practitioner and the Medicare certificate of medical necessity must be attached to each invoice. Payment for ambulance services is provided under the following circumstances:

- to and from the nearest institution with appropriate facilities; and
- when using other methods is inadvisable due to the patient's condition.

Services are not covered:

- if used for the patient's convenience, or
- for transportation to and from a physician's office.

Wheelchair ^{van} transportation must be certified as medically necessary by the recipient's physician or charge nurse/nurse supervisor.

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
PROVIDED

Title XIX-NH
Attachment 3.1-B
Page 8-b

23a. Transportation (continued)

Payment is made for loaded mileage only from the point of pickup to the drop-off point less the first 5 miles. Only one base rate is allowed for a single one-way trip or a round trip or two base rates may be charged for two one-way trips for the same recipient on the same day. Waiting time is paid up to a maximum of two hours and for round trips only. Payment is made for twenty four (24) wheelchair van trips per recipient per year, whether one way or round trip.

Payment will not be made to a medical service provider transporting recipients to his/her location of service. Hospital-based ambulance service providers may be reimbursed as providers of ambulance services when the operating costs of the ambulance service are not incorporated into the reimbursement rates for the hospital.

Private individuals, including recipients or members of their families, may be reimbursed for use of their own cars for necessary and reasonable medical transportation. Payment is made for loaded mileage only from the point of pick-up to the drop-off point. The intent of this guideline, however, is to encourage recipients to seek payment for use of their own automobiles only when absolutely necessary to obtain medical care.

Payment for medical transportation other than by ambulance or wheelchair van is based on the following considerations:

- Free medical transportation is unavailable.
- The transportation used is the least costly, given the recipient's locale and physical condition.
- The transportation is used to travel to and from medical providers.
- The transportation is between like medical facilities when the facility at which the patient is being treated is not adequately equipped.
- Charges are those usual and customary fares charged to all other customers.
- Prior approval has been given for those services requiring it.

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

23d. Skilled Nursing Services for Patients Under 21

Payment for such services is covered for both the Categorically Needy and the Medically Needy with the prior authorization of the Office of Medical Services. A written request including the medical and nursing care information required to establish medical necessity is accompanied by a statement of the child's social situation from the district office social worker. Authorization for such payments is issued for a specified period of time with a provision for extending such authorization on request of the facility and the patient's attending physician with accompanying medical substantiation.

23e. Emergency Hospital Services

Emergency hospital services are provided without prior authorization and the subject to the same utilization review and evaluation procedures by the Medicaid fiscal agent as would be true of other inpatient hospital services. Such services, when necessary in an out-of-state hospital, are provided at the request of the patient and/or hospital if the emergency nature of the service can be, in fact, substantiated by the facts of the situation.

Emergency hospital services are subject to the inpatient and outpatient hospital limits described elsewhere in this plan. That is, the limits for hospital services include both routine and emergency services.

23f. Personal Care Services

Personal care services are available to chronically wheelchair mobile categorically and medically needy recipients.

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